U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Un	der	the Paperwork PATE	Reduction Act of 19	TION F	FF DF LEK	MIMALION	RECORD	mation unles	Application	a valid OMB con for Docket Num 9405	trol number.
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MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
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-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ = TOTAL		OR	+ \$= TOTAL ADD'L FEE		
		* If the entry in	i column 1 is less th st Number Previous	an the ent sly Paid Fo	ry in column 2, w r" IN THIS SPAC	nte "0" in colum E is less than 20	ADD'L FEE n 3.), enter "20".	L			,

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, user to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.